



RÉSIDENCE UNIVERSITAIRE
VALRIDEAU
UNIVERSITY RESIDENCE

Application Form

ABOUT YOU

FULL NAME

DATE OF BIRTH

PLACE OF BIRTH

CURRENT ADDRESS

PHONE NUMBER

EMAIL

SECONDARY SCHOOL current or last attended

YEAR of GRADUATION

UNIVERSITY/COLLEGE you will be attending

YEAR you will be in September

PROGRAM

LANGUAGES SPOKEN

DIETARY NEEDS/ALLERGIES

HOBBIES & EXTRA CURRICULAR ACTIVITIES

LIVING AT VALRIDEAU

DURATION OF STAY select one

FULL SCHOOL YEAR (Sept-April)

FALL SEMESTER (Sept-Dec)

SUMMER SESSION (May-Aug)

WINTER SEMESTER (Jan-April)

OTHER: _____ to _____

IN A FEW WORDS, TELL US WHY YOU WOULD LIKE TO LIVE AT VALRIDEAU.

EMERGENCY CONTACT

NAME OF PARENT/GUARDIAN

PHONE NUMBER OF PARENT/GUARDIAN

ADDRESS OF PARENT/GUARDIAN

I hereby certify that the above information is true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

SIGNATURE OF PARENT/GUARDIAN

DATE